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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. P665

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated be low next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: I am sending this e-mail in case the e-mail address was communicated improperly. Please reply with the street address for Federal Express and name of our contact there at your company,				
I hereby state that I have reviewed claims, as amended by any amenda material to the examination of this the case that the present application material information as defined in application and the filing date of the States Code s119 of any foreign application for judicial to the application on which provided the application on which provided the provided that of the application on which provided the state of the application on which provided the state of the application of the appli	was filed on: Application Serial 1 Application Serial 1 Application Serial 1 Applicable) I and understood the contentent referred to above. I application in accordance in is a continuation-in-part 37 CFR s 1.56(a) which be the present application. I he oplications for patent or investent or investent or inventor's certific	on that of the above-identificknowledge the duty to with Title 37, Code of Fapplication, I further act came available between the common transfer of the common transfer wentor's certificate listed	disclose information which is Federal Regulations, s 1.56 (a). In knowledge the duty to disclose in the filing date of the prior rity benefits under Title 35, United below and have also identified	
	(Number)	(Country)	(Day/Month/Year Filed)	
(Number) (Country) (Day/Month/Year Filed) I hereby claim the benefit under Title 35, United States Codes, 120 and 119 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, s112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, s156(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.				
(Application Serial No.): (Application Serial No.): (Application Serial No.): (Application Serial No.): (Application Serial No.):	(Filing Date): (St (Filing Date): (St (Filing Date): (St	atus): atus): atus):		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)				
Name Donald R. Boys	Reg. No. 35,074			

SEND CORRESPONDENCE TO: Donald R. Boys P.O. Box 187 Aromas, CA 95004 DIRECT TELEPHONE CALLS TO: Donald R. Boys (831) 726-1457 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1/10/01

Full name of sole or first inventor: <u>Donald R. Bovs</u>	
	_
1st inventor's signature. Whale M. Day	Dated:
Residence: 22173 Carlie Drive, Bella Vista, CA. Citizenship: US	
Post Office Address: <u>Same</u>	
Full name of 2nd joint inventor, if any:	
turi name of zna joint niventor, it any.	
2nd inventor's signature:	Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 3rd joint inventor, if any:	
3rd inventor's signature:	Dated:
Residence: Citizenship:	Daile.
Post Office Address:	
Full name of 4th joint inventor. if any:	
4th inventor's signature:	Dated:
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7th inventor's signature:	Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 8th joint inventor. if any:	
9th inventoria signatura	Detad:
8th inventor's signature:	Dated:
Residence: Citizenship:	

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